

DEPARTMENT OF GENERAL SERVICES  
Records Management DivisionSCHEDULE  
NO.

1172

PAGE  
NO. 1

## RECORDS RETENTION AND DISPOSAL SCHEDULE

Medical Care Compliance Administration - DHMH

Division of Long Term Care  
Long Term Care Facilities

AGENCY

DIVISION

Item No.	Description	Retention
1	<u>Administrative Reviews-Patient Assessment Adjustments</u> Records consist of medical documentation and all record material pertaining to Administrative reviews.	Retain in office two years then transfer to Records Center for additional 3 years; then destroy.
2	<u>Utilization Control Agent File (UCA)</u> Records consist of reports of inspections, Patient assessment and review data, budgets, contracts, invoices, and general correspondence.	Retain in office for 2 years then transfer to Records Center for an additional 3 years; then destroy.
3	<u>Complaint Record File</u> - Records maintained in provider files and consist of complaint reports, inspection of care reports, deficiency statements, recommendations, and supporting documentation.	Records to be purged from provider files after 2 years, transferred to Records Center for an additional 3 years; then destroy.
4	<u>Waiver Program File</u> - Records consist of medical eligibility reviews, waiver eligibility letters, quarterly reports, and general correspondence.	Retain in office for 2 years then transfer to Records Center for an additional 3 years; then destroy.
5	<u>Mental Health/Mental Retardation (MH/MR)</u> - Records consist of Medical Eligibility Reviews, Continued Stay Reviews on MH/MR patients as part of IMD (Institutions of Mental Disease) audit.	Retain in office 2 years then transfer to Records Center for additional 3 years; then destroy.

Schedule Approved by Department,  
Agency, or Division Representative

8/29/88

Willard Dixon

Date

Signature

Administrative  
Specialist

Title

Schedule Authorized by  
Hall of Records Commission

Date

State Archivist

<b>INSTRUCTIONS--TYPE OR PRINT A SEPARATE FORM FOR EACH NEW OR REVISED RECORD SERIES. FORWARD WITH RECORDS RETENTION SCHEDULE (DGS 550-1)</b>		<b>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794</b>		<b>AGENCY RECORDS INVENTORY</b>	
<b>1. DEPARTMENT/AGENCY</b> DHMH/MCCA		<b>2. DIVISION</b> Long Term Care		<b>3. UNIT</b> Long Term Care Facilities	
<b>DEFINITION-RECORD SERIES-</b> A GROUP OF RELATED RECORDS NORMALLY FILED AND USED AS A UNIT FOR REFERENCE AS WELL AS RETENTION AND DISPOSITION PURPOSES					
<b>4. RECORD SERIES TITLE</b> Administrative Reviews - Patient Assessment Adjustments				<b>5. EARLIEST YEAR/LATEST YEAR</b> 1985 TO 1988	
<b>6. RECORD SERIES DESCRIPTION ( BRIEFLY DESCRIBE THE TYPES OF INFORMATION/DOCUMENTS/FORMS FOUND IN THE SERIES. INCLUDE THE PURPOSE OR FUNCTION OF THE SERIES)</b> Record series consist of medical record documentation, Appeal letters, departmental correspondence, appeal worksheets, financial conversion worksheets, and computer printouts. Records also contain bed reservation forms (DHMH 1321), and Report of Administrative Days in Long Term Facilities (DHMH 2129). Series functions as part of appeals process.					
<b>7. RECORD SERIES FORMAT(S)</b> <input checked="" type="checkbox"/> LETTER SIZE <input type="checkbox"/> MICROFILM <input checked="" type="checkbox"/> LEGAL SIZE <input type="checkbox"/> COMPUTER TAPE <input type="checkbox"/> BOUND BOOK <input type="checkbox"/> FLOPPY DISK <input type="checkbox"/> AUDIO TAPE <input type="checkbox"/> VIDEO TAPE <input type="checkbox"/> OTHER(SPECIFY) _____		<b>8. RECORD SERIES SEQUENCE</b> <input checked="" type="checkbox"/> ALPHABETICAL <input type="checkbox"/> NUMERICAL <input checked="" type="checkbox"/> CHRONOLOGICAL <input type="checkbox"/> GEOGRAPHICAL <input type="checkbox"/> OTHER(SPECIFY) _____		<b>9. VOLUME</b> <input checked="" type="checkbox"/> FILE DRAWER(S) <input type="checkbox"/> MICROFILM REEL(S) <input type="checkbox"/> COMPUTER TAPE(S) <input type="checkbox"/> OTHER(SPECIFY) _____ 20 NUMBER	
<b>11. FILE IS USED</b> <input checked="" type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY		<b>12. FILE BECOMES INACTIVE AFTER</b> 1 NUMBER <input type="checkbox"/> MONTH(S) <input checked="" type="checkbox"/> YEAR(S)			
<b>13. CURRENT LOCATION(S) (BLDG., FLOOR, ROOM)</b> 300 W. Preston Street, 3rd floor, Room 308		<b>14. IS RECORD SERIES DUPLICATED ELSEWHERE?</b> (IF YES, SPECIFY AGENCY OR OFFICE) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<b>15. ACCESS RESTRICTIONS</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, CITE LAW(S) & REGULATION(S)) Subject to COMAR 10.01.08		<b>16. AUDIT REQUIREMENTS</b> <input type="checkbox"/> NONE <input checked="" type="checkbox"/> STATE <input checked="" type="checkbox"/> FEDERAL <input type="checkbox"/> INDEPENDENT			
<b>17. IS AN INDEX SYSTEM USED? (IF YES, EXPLAIN BRIEFLY AND DESCRIBE ANY HARDWARE/SOFTWARE)</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>18. RECOMMENDED RETENTION</b> Files to be retained in office for two years then transferred to records center and disposed of after 3 years.			
<b>19. NAME AND TITLE OF PREPARER</b> Willard Dixon (WD)		<b>20. TELEPHONE NUMBER</b> 225-1718		<b>21. DATE</b> 8/29/88	

<b>INSTRUCTIONS--TYPE OR PRINT A SEPARATE FORM FOR EACH NEW OR REVISED RECORD SERIES. FORWARD WITH RECORDS RETENTION SCHEDULE (DGS 550-1)</b>		<b>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794</b>		<b>AGENCY RECORDS INVENTORY</b>	
				PAGE <u>2</u> OF <u>5</u>	
<b>1. DEPARTMENT/AGENCY</b> DHMH/MCCA		<b>2. DIVISION</b> Long Term Care		<b>3. UNIT</b> Long Term Care Facilities	
<b>DEFINITION-RECORD SERIES. A GROUP OF RELATED RECORDS NORMALLY FILED AND USED AS A UNIT FOR REFERENCE AS WELL AS RETENTION AND DISPOSITION PURPOSES</b>					
<b>4. RECORD SERIES TITLE</b> Utilization Control Agent File (UCA)				<b>5. EARLIEST YEAR/LATEST YEAR</b> <u>1980</u> TO <u>1988</u>	
<b>6. RECORD SERIES DESCRIPTION ( BRIEFLY DESCRIBE THE TYPES OF INFORMATION/DOCUMENTS/FORMS FOUND IN THE SERIES. INCLUDE THE PURPOSE OR FUNCTION OF THE SERIES)</b> Record series contains annual Inspection of Care (IOC) reports, corrected Patient Assessment Forms (DHMH 4143), selected Medical Eligibility Review forms (DHMH 3871), selected Admission and Continued Stay Review (DHMH 3872), Long Term Care Utilization Review Summary Data (DHMH 3869), budgets, proposals, quarterly reconciliations, contracts, monthly invoices, and general correspondence.					
<b>7. RECORD SERIES FORMAT(S)</b> <input checked="" type="checkbox"/> LETTER SIZE <input type="checkbox"/> MICROFILM <input type="checkbox"/> LEGAL SIZE <input type="checkbox"/> COMPUTER TAPE <input checked="" type="checkbox"/> BOUND BOOK <input type="checkbox"/> FLOPPY DISK <input type="checkbox"/> AUDIO TAPE <input type="checkbox"/> VIDEO TAPE <input type="checkbox"/> OTHER(SPECIFY) _____		<b>8. RECORD SERIES SEQUENCE</b> <input type="checkbox"/> ALPHABETICAL <input type="checkbox"/> NUMERICAL <input checked="" type="checkbox"/> CHRONOLOGICAL <input type="checkbox"/> GEOGRAPHICAL <input type="checkbox"/> OTHER(SPECIFY) _____		<b>9. VOLUME</b> <input checked="" type="checkbox"/> FILE DRAWER(S) <input type="checkbox"/> MICROFILM REEL(S) <u>15</u> <input type="checkbox"/> COMPUTER TAPE(S) NUMBER <input type="checkbox"/> OTHER(SPECIFY) _____	
				<b>10. ANNUAL ACCUMULATION</b> <input checked="" type="checkbox"/> FILE DRAWER(S) <input type="checkbox"/> MICROFILM REEL(S) <u>1</u> <input type="checkbox"/> COMPUTER TAPE(S) NUMBER <input type="checkbox"/> OTHER(SPECIFY) _____	
<b>11. FILE IS USED</b> <input checked="" type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY			<b>12. FILE BECOMES INACTIVE AFTER</b> <u>2</u> <input type="checkbox"/> MONTH(S) <input checked="" type="checkbox"/> YEAR(S) NUMBER		
<b>13. CURRENT LOCATION(S) (BLDG., FLOOR, ROOM)</b> 300 West Preston Street, 3rd floor, Room 308			<b>14. IS RECORD SERIES DUPLICATED ELSEWHERE?</b> ( IF YES, SPECIFY AGENCY OR OFFICE ) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>15. ACCESS RESTRICTIONS</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ( IF YES, CITE LAW(S) & REGULATION(S) ) Subject to COMAR 10.01.08			<b>16. AUDIT REQUIREMENTS</b> <input type="checkbox"/> NONE <input checked="" type="checkbox"/> STATE <input checked="" type="checkbox"/> FEDERAL <input type="checkbox"/> INDEPENDENT		
<b>17. IS AN INDEX SYSTEM USED? ( IF YES, EXPLAIN BRIEFLY AND DESCRIBE ANY HARDWARE/SOFTWARE )</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<b>18. RECOMMENDED RETENTION</b> Retain for two years in office then transfer to records center and dispose of after 3 years.		
<b>19. NAME AND TITLE OF PREPARER</b> Willard Dixon (WD)		<b>20. TELEPHONE NUMBER</b> 225-1718		<b>21. DATE</b> 8/29/88	

<b>INSTRUCTIONS--TYPE OR PRINT A SEPARATE FORM FOR EACH NEW OR REVISED RECORD SERIES. FORWARD WITH RECORDS RETENTION SCHEDULE (DGS 550-1)</b>		<b>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794</b>		<b>AGENCY RECORDS INVENTORY</b>	
				PAGE <u>3</u> OF <u>5</u>	
<b>1. DEPARTMENT/AGENCY</b> DHMH/MCCA		<b>2. DIVISION</b> Long Term Care		<b>3. UNIT</b> Long Term Care - Facilities	
<b>DEFINITION-RECORD SERIES-</b> A GROUP OF RELATED RECORDS NORMALLY FILED AND USED AS A UNIT FOR REFERENCE AS WELL AS RETENTION AND DISPOSITION PURPOSES					
<b>4. RECORD SERIES TITLE</b> Complaint Record File				<b>5. EARLIEST YEAR/LATEST YEAR</b> <u>1981</u> TO <u>1988</u>	
<b>6. RECORD SERIES DESCRIPTION ( BRIEFLY DESCRIBE THE TYPES OF INFORMATION/DOCUMENTS/FORMS FOUND IN THE SERIES. INCLUDE THE PURPOSE OR FUNCTION OF THE SERIES )</b>  Record series consist of Licensing & Regulation complaint reports, annual Inspection of Care reports, letters of sanctions, administrative conferences, recommendations, Deficiency Statements (DHMH 767), and supporting documentation. Records are maintained in provider files.					
<b>7. RECORD SERIES FORMAT(S)</b> <input checked="" type="checkbox"/> LETTER SIZE <input type="checkbox"/> MICROFILM <input type="checkbox"/> LEGAL SIZE <input type="checkbox"/> COMPUTER TAPE <input type="checkbox"/> BOUND BOOK <input type="checkbox"/> FLOPPY DISK <input type="checkbox"/> AUDIO TAPE <input type="checkbox"/> VIDEO TAPE <input type="checkbox"/> OTHER(SPECIFY) _____		<b>8. RECORD SERIES SEQUENCE</b> <input checked="" type="checkbox"/> ALPHABETICAL <input type="checkbox"/> NUMERICAL <input checked="" type="checkbox"/> CHRONOLOGICAL <input type="checkbox"/> GEOGRAPHICAL <input type="checkbox"/> OTHER(SPECIFY) _____		<b>9. VOLUME</b> <input checked="" type="checkbox"/> FILE DRAWER(S) <input type="checkbox"/> MICROFILM REEL(S) <input type="checkbox"/> COMPUTER TAPE(S) <input type="checkbox"/> OTHER(SPECIFY) _____ <u>4</u> NUMBER	
				<b>10. ANNUAL ACCUMULATION</b> <input checked="" type="checkbox"/> FILE DRAWER(S) <input type="checkbox"/> MICROFILM REEL(S) <input type="checkbox"/> COMPUTER TAPE(S) <input type="checkbox"/> OTHER(SPECIFY) _____ <u>3</u> NUMBER	
<b>11. FILE IS USED</b> <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input checked="" type="checkbox"/> MONTHLY			<b>12. FILE BECOMES INACTIVE AFTER</b> <u>1</u> NUMBER <input type="checkbox"/> MONTH(S) <input checked="" type="checkbox"/> YEAR(S)		
<b>13. CURRENT LOCATION(S) (BLDG., FLOOR, ROOM)</b>  300 W. Preston Street, 3rd floor, Room 308			<b>14. IS RECORD SERIES DUPLICATED ELSEWHERE?</b> ( IF YES, SPECIFY AGENCY OR OFFICE ) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>15. ACCESS RESTRICTIONS</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ( IF YES, CITE LAW(S) & REGULATION(S) ) Subject to COMAR 10.01.08			<b>16. AUDIT REQUIREMENTS</b> <input type="checkbox"/> NONE <input checked="" type="checkbox"/> STATE <input checked="" type="checkbox"/> FEDERAL <input type="checkbox"/> INDEPENDENT		
<b>17. IS AN INDEX SYSTEM USED? ( IF YES, EXPLAIN BRIEFLY AND DESCRIBE ANY HARDWARE/SOFTWARE )</b>  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<b>18. RECOMMENDED RETENTION</b>  Files to be retained in office for 2 years then transferred to records center and disposed after 3 years.		
<b>19. NAME AND TITLE OF PREPARER</b> Willard Dixon (WD)		<b>20. TELEPHONE NUMBER</b> 225-1718		<b>21. DATE</b> 8/29/88	

<b>INSTRUCTIONS--TYPE OR PRINT A SEPARATE FORM FOR EACH NEW OR REVISED RECORD SERIES. FORWARD WITH RECORDS RETENTION SCHEDULE (DGS 550-1)</b>		<b>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794</b>		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>4</u> OF <u>5</u>	
<b>1. DEPARTMENT/AGENCY</b> DHMH/MCCA		<b>2. DIVISION</b> Long Term Care		<b>3. UNIT</b> Long Term Care Facilities	
<b>DEFINITION-RECORD SERIES-</b> A GROUP OF RELATED RECORDS NORMALLY FILED AND USED AS A UNIT FOR REFERENCE AS WELL AS RETENTION AND DISPOSITION PURPOSES					
<b>4. RECORD SERIES TITLE</b> Waiver Program File				<b>5. EARLIEST YEAR/LATEST YEAR</b> <u>1986</u> TO <u>1988</u>	
<b>6. RECORD SERIES DESCRIPTION ( BRIEFLY DESCRIBE THE TYPES OF INFORMATION/DOCUMENTS/FORMS FOUND IN THE SERIES. INCLUDE THE PURPOSE OR FUNCTION OF THE SERIES)</b>  Record series consist of Medical Eligibility Reviews (DHMH 3871 and 387-B), notification of waiver eligibility letter (DHMH 4086), quarterly reports on waiver clients from CCHCC, and general correspondence. Waiver program monitored for compliance with appropriate federal and state regulations.					
<b>7. RECORD SERIES FORMAT(S)</b> <input checked="" type="checkbox"/> LETTER SIZE <input type="checkbox"/> MICROFILM <input type="checkbox"/> LEGAL SIZE <input type="checkbox"/> COMPUTER TAPE <input type="checkbox"/> BOUND BOOK <input type="checkbox"/> FLOPPY DISK <input type="checkbox"/> AUDIO TAPE <input type="checkbox"/> VIDEO TAPE <input type="checkbox"/> OTHER(SPECIFY) _____		<b>8. RECORD SERIES SEQUENCE</b> <input type="checkbox"/> ALPHABETICAL <input type="checkbox"/> NUMERICAL <input checked="" type="checkbox"/> CHRONOLOGICAL <input type="checkbox"/> GEOGRAPHICAL <input type="checkbox"/> OTHER(SPECIFY) _____		<b>9. VOLUME</b> <input checked="" type="checkbox"/> FILE DRAWER(S) <input type="checkbox"/> MICROFILM REEL(S) <input type="checkbox"/> COMPUTER TAPE(S) <input type="checkbox"/> OTHER(SPECIFY) _____  <b>10. ANNUAL ACCUMULATION</b> <input checked="" type="checkbox"/> FILE DRAWER(S) <input type="checkbox"/> MICROFILM REEL(S) <input type="checkbox"/> COMPUTER TAPE(S) <input type="checkbox"/> OTHER(SPECIFY) _____	
<b>11. FILE IS USED</b> <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input checked="" type="checkbox"/> MONTHLY			<b>12. FILE BECOMES INACTIVE AFTER</b> <u>2</u> MONTH(S) <input type="checkbox"/> MONTH(S) <input checked="" type="checkbox"/> YEAR(S)		
<b>13. CURRENT LOCATION(S) (BLDG., FLOOR, ROOM)</b>  300 West Preston Street, 3rd floor, Room 308			<b>14. IS RECORD SERIES DUPLICATED ELSEWHERE?</b> (IF YES, SPECIFY AGENCY OR OFFICE) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>15. ACCESS RESTRICTIONS</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, CITE LAW(S) & REGULATION(S))  Subject to COMAR 10.01.08			<b>16. AUDIT REQUIREMENTS</b>  <input type="checkbox"/> NONE <input checked="" type="checkbox"/> STATE <input checked="" type="checkbox"/> FEDERAL <input type="checkbox"/> INDEPENDENT		
<b>17. IS AN INDEX SYSTEM USED? (IF YES, EXPLAIN BRIEFLY AND DESCRIBE ANY HARDWARE/SOFTWARE)</b>  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<b>18. RECOMMENDED RETENTION</b>  Retain for 2 years in office then transfer to records center and dispose of after 3 years.		
<b>19. NAME AND TITLE OF PREPARER</b>  Willard Dixon (WD)		<b>20. TELEPHONE NUMBER</b>  225-1718		<b>21. DATE</b>  8/29/88	

<b>INSTRUCTIONS--TYPE OR PRINT A SEPARATE FORM FOR EACH NEW OR REVISED RECORD SERIES. FORWARD WITH RECORDS RETENTION SCHEDULE (DGS 550-1)</b>		<b>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794</b>		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>5</u> OF <u>5</u>	
<b>1. DEPARTMENT/AGENCY</b> DHMH/MCCA		<b>2. DIVISION</b> Long Term Care		<b>3. UNIT</b> Long Term Care - Facilities	
<b>DEFINITION-RECORD SERIES- A GROUP OF RELATED RECORDS NORMALLY FILED AND USED AS A UNIT FOR REFERENCE AS WELL AS RETENTION AND DISPOSITION PURPOSES</b>					
<b>4. RECORD SERIES TITLE</b> Mental Health/Mental Retardation (MH/MR)				<b>5. EARLIEST YEAR/LATEST YEAR</b> <u>1984</u> TO <u>1988</u>	
<b>6. RECORD SERIES DESCRIPTION ( BRIEFLY DESCRIBE THE TYPES OF INFORMATION/DOCUMENTS/FORMS FOUND IN THE SERIES. INCLUDE THE PURPOSE OR FUNCTION OF THE SERIES)</b>  Record series contains Medical Eligibility Review (DHMH 3871), Continued Stay Review (DHMH 3872) on MH/MR patients as part of IMD (Institutions for Mental Disease) audit. File also contains general correspondence.					
<b>7. RECORD SERIES FORMAT(S)</b> <input checked="" type="checkbox"/> LETTER SIZE <input type="checkbox"/> MICROFILM <input type="checkbox"/> LEGAL SIZE <input type="checkbox"/> COMPUTER TAPE <input type="checkbox"/> BOUND BOOK <input type="checkbox"/> FLOPPY DISK <input type="checkbox"/> AUDIO TAPE <input type="checkbox"/> VIDEO TAPE <input type="checkbox"/> OTHER(SPECIFY) _____		<b>8. RECORD SERIES SEQUENCE</b> <input type="checkbox"/> ALPHABETICAL <input type="checkbox"/> NUMERICAL <input checked="" type="checkbox"/> CHRONOLOGICAL <input type="checkbox"/> GEOGRAPHICAL <input type="checkbox"/> OTHER(SPECIFY) _____		<b>9. VOLUME</b> <input checked="" type="checkbox"/> FILE DRAWER(S) <input type="checkbox"/> MICROFILM REEL(S) <input type="checkbox"/> COMPUTER TAPE(S) <input type="checkbox"/> OTHER(SPECIFY) _____  <b>10. ANNUAL ACCUMULATION</b> <input checked="" type="checkbox"/> FILE DRAWER(S) <input type="checkbox"/> MICROFILM REEL(S) <input type="checkbox"/> COMPUTER TAPE(S) <input type="checkbox"/> OTHER(SPECIFY) _____	
<b>11. FILE IS USED</b> <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input checked="" type="checkbox"/> MONTHLY			<b>12. FILE BECOMES INACTIVE AFTER</b> <u>1</u> MONTH(S) <input type="checkbox"/> YEAR(S)		
<b>13. CURRENT LOCATION(S) (BLDG., FLOOR, ROOM)</b> 300 West Preston Street, 3rd floor, Room 308			<b>14. IS RECORD SERIES DUPLICATED ELSEWHERE?</b> (IF YES, SPECIFY AGENCY OR OFFICE) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>15. ACCESS RESTRICTIONS</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, CITE LAW(S) & REGULATION(S))			<b>16. AUDIT REQUIREMENTS</b> <input type="checkbox"/> NONE <input checked="" type="checkbox"/> STATE <input checked="" type="checkbox"/> FEDERAL <input type="checkbox"/> INDEPENDENT		
<b>17. IS AN INDEX SYSTEM USED? (IF YES, EXPLAIN BRIEFLY AND DESCRIBE ANY HARDWARE/SOFTWARE)</b>  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<b>18. RECOMMENDED RETENTION</b>  Retain in office 2 years then transfer to records center and dispose of after 3 years.		
<b>19. NAME AND TITLE OF PREPARER</b> Willard Dixon (WA)		<b>20. TELEPHONE NUMBER</b> 225-1718		<b>21. DATE</b> 8/29/88	